

RECORDED MAR 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6980

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3673 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY OR TOWN <u>CHAFFEE</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>CHAFFEE 1001</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>405 COOLT AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 COOLT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> b. (Middle) <u>ELTON</u> c. (Last) <u>HINSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 27 52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>OCT. 13 - 1881</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u> IF UNDER 1 HR. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ALEXANDRIA VA.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>✓</u>		13a. FATHER'S NAME <u>NO RECORD LAUDRE</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	
14. NAME OF HUSBAND OR WIFE <u>L.E. HINSEY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Heart Disease (Coronary Infarct)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 19 - 1951</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Interval between onset and death: <u>Not known</u>	

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from Dec 19 1951 to Jan 27 1952, that I last saw the deceased alive on Dec 20 1951, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.A. Sample</u> (Degree or title)		23b. ADDRESS <u>Chauffee Mo</u>		23c. DATE SIGNED <u>Jan 29 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>PM Stubbs - Proffee Mo</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>Feb. 27 52</u>		REGISTRAR'S SIGNATURE <u>443-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED **FEB 29 195**

SCOTT COUNTY HEALTH GEN

CO. FILE NO. 252-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

C. J. Lorberg

Licensed Embalmer No.

3810

P. O. Address

Cape Girardeau

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.